

6/29/85
ReportsGENERAL SERVICES ADMINISTRATION
NATIONAL ARCHIVES AND RECORDS SERVICEVITAL RECORDS PROTECTION STATUS REPORT
(PART I - EMERGENCY OPERATING RECORDS)

1. PROGRAM STATUS AS OF (Month, day, year)

30 June 1965

INSTRUCTIONS

Please submit this report in duplicate to the address shown below. A separate report shall be prepared for each individually-operated vital records program.

TO: General Services Administration
National Archives and Records Service
Office of Federal Records Centers
Washington, D.C. 20408

2. DEPARTMENT OR AGENCY
Central Intelligence Agency

3. BUREAU, SERVICE OR OFFICE

4. REPORT COVERS
 a. TOTAL ORGANIZATION b. HEADQUARTERS ONLY c. REGIONAL OR FIELD OFFICE

5. ADDRESS OF REPORTING OFFICE (Number, street, city, State and code)
2430 E Street, NW, Washington, D. C. 20505

6. PROGRAM STATUS-

DESCRIPTION	PHASE (Check)	
	COMPLETE (1)	INCOMPLETE (2)
a. DEFINITIVE PLANS PREPARED, REPRODUCED AND DISTRIBUTED TO KEY PERSONNEL	<input checked="" type="checkbox"/>	
b. RECORDS SELECTED	<input checked="" type="checkbox"/>	
c. RECORDS POSITIONED AT LOCATION(S)	<input checked="" type="checkbox"/>	
d. APPROPRIATE EQUIPMENT AVAILABLE AT LOCATION(S)	<input checked="" type="checkbox"/>	

7. REASON(S) FOR UNCOMPLETED PROGRAM ACTIONS (Give brief explanation for each item checked incomplete in item 6)

Not applicable

8. PROGRAM REVIEWED

a. ANNUALLY b. SEMIANNUALLY c. OTHER
(Specify)

9. LOCATION(S) OF PROTECTED RECORDS

a. CITY, STATE AND ZIP CODE	b. STREET ADDRESS	c. ROOM NO.
Classified Information		

10. Approved For Release 2005/11/21 : CIA-RDP70-00211R000500100026-6 DESCRIPTION OF RECORDS AT LOCATION(S) FILE RECORD SERIES, DOCUMENT, OR PUBLICATION TITLE (Example: Quarterly reports - Available supplies of product X; Roster of technicians qualified for emergency water testing) a. b.		RECORDING MEDIUM (Paper, microfilm, punch-cards, etc.)
<u>Classified Information</u> Minimum volume of emergency operating records essential to carrying on the war time mission of this Agency.		Paper, Microfilm, Punch Cards, and Other means.
11. REPORTED BY (Official responsible for Vital Records Program) SIGN <input type="text"/> NAME AND TITLE (Please print) <input type="text"/> BRA <input type="text"/> Chief, Records Administration Staff <input type="text"/> TELEPHONE NO. (Or code) AND EXT. <input type="text"/> STAT STAT STAT STAT		